

VA



U.S. Department
of Veterans Affairs

Present-Centered Therapy

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PTSD Consultation Program Lecture Series
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National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER



Objectives

- Describe the origins and development of PCT
- Describe empirical support for PCT
- Describe PCT
 - Session Content
 - Procedures and interventions
- Prohibited interventions
- Special issues



Origins of PCT (Individual Format)

- Developed to serve as a comparison condition for VA Cooperative Study 494
- Purpose: to control for nonspecific therapeutic factors in determining effectiveness of Prolonged Exposure in female patients



Origins of PCT

- Requirements:
 - Provide good clinical care
 - Acceptable to patients
 - Acceptable to therapists
 - Exclude cognitive behavioral interventions
 - Exclude interventions from other “active” therapies



Theoretical Basis

- PCT draws from different sources, not from one explicit theory
- Common Factors literature
- Supportive Therapy Principles
- Trauma Literature



Common Factors (Frank, 1986)

“... **common meaning** underlying the diverse symptoms that bring persons to psychotherapy is that **the symptoms are demoralizing**... an important feature of demoralization is the **sense of confusion resulting from the patient’s inability to make sense out of his experiences or to control them...**” (p. 341)



Common Factors

“The concepts and methods of **all psychotherapeutic schools** aim at enabling patients to transform the meanings of their experiences in such a way as to enable them to feel better and function more effectively.” (p. 341)

*Frank (1986) Journal of the Royal Society of Medicine 79:
341-346*



Theoretical Basis (Trauma Literature)

- Emphasis on *interpersonal connection* and *mastery* (Herman, 1992)
 - Recovery can only take place within the context of relationships, not in isolation
 - Recovery requires restoration of individual's sense of power and control



Theoretical Basis (Trauma Literature)

- Emphasis on Mastery (Van der Kolk, 1987, p. 218):
“...the essence of psychological trauma ... is being faced with uncontrollable overwhelming events where the person is helpless to affect the outcome of the event. Unresolved trauma causes this feeling of helplessness to become generalized; thus learned helplessness is often present in many patients with unresolved trauma.”



Theoretical Basis (Trauma Literature)

- Emphasis on Mastery
 - Focus on trauma survivor's ability to manage stress, thus improving coping strategies and decreasing hyperarousal and distress
 - Leads to increased sense of mastery and increased affiliation with others

Van der Kolk, 1987



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VA/DoD Clinical Practice Guideline (2017)

Recommendation	Strength	Category
9. We recommend individual, manualized trauma-focused psychotherapy (see Recommendation 11) over other pharmacologic and non-pharmacologic interventions for the primary treatment of PTSD.	Strong for	Reviewed, New-added
10. When individual trauma-focused psychotherapy is not readily available or not preferred, we recommend pharmacotherapy or individual non-trauma-focused psychotherapy*. With respect to pharmacotherapy and non-trauma-focused psychotherapy, there is insufficient evidence to recommend one over the other. *This includes Present Centered Therapy	Strong for	Reviewed, New-added
12. We suggest the following individual, manualized non-trauma-focused therapies for patients diagnosed with PTSD: Stress Inoculation Training, Present-Centered Therapy, and Interpersonal Psychotherapy.	Weak for	Reviewed, New-replaced



Psychotherapy Comparison Groups

Wait list: Was the change from before to after treatment due to treatment (vs. a threat to internal validity); does the treatment have benefit?

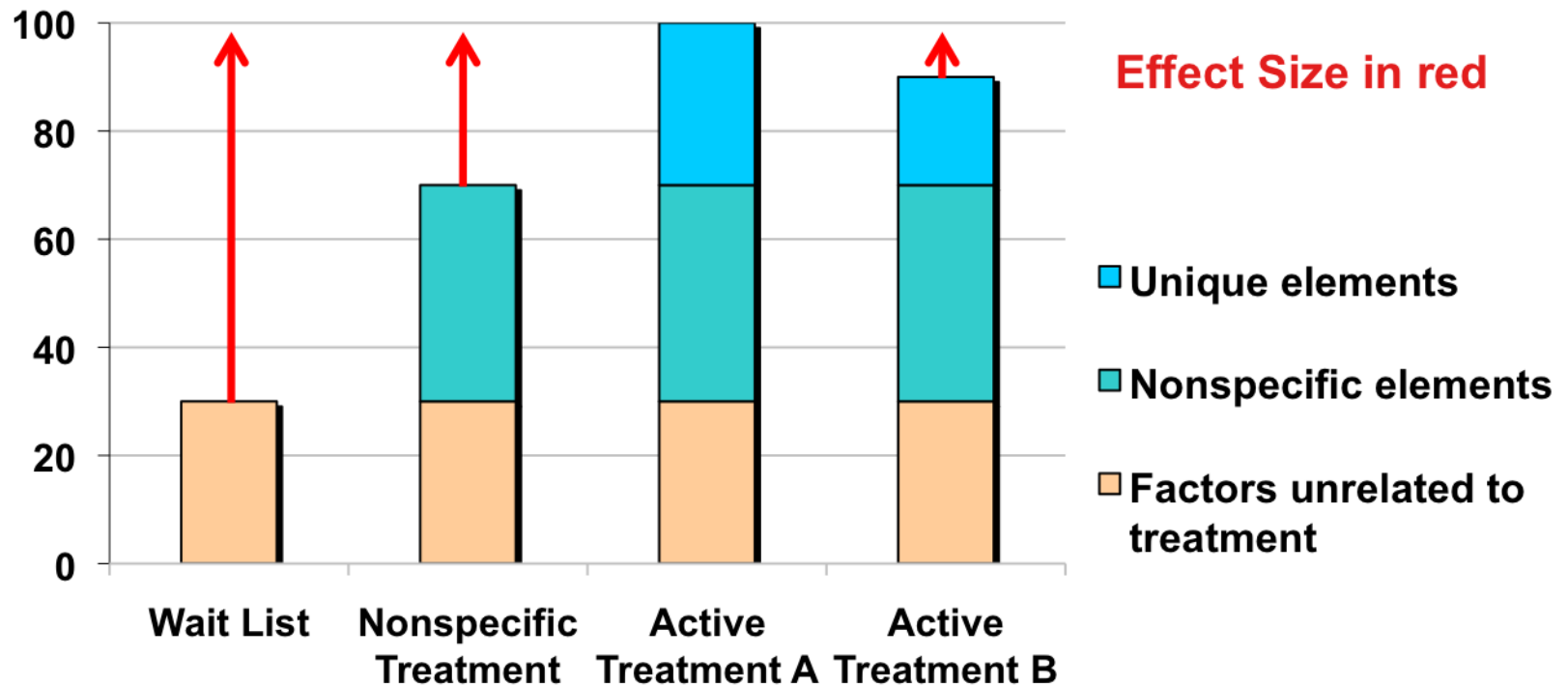
Nonspecific comparison/usual care: Is the effect greater than the effect of simply going to therapy or getting usual treatment?

Dismantling/additive: Why does it work? What are the active ingredients?

Other active treatment: Is treatment A better or more efficient or cost-effective than treatment B?



Effect Size as a Function of Comparison Group (Illustrated vs. Treatment A)





Rules of Thumb for Effect Size and Sample Size

Comparison Group	Expected Effect Size	N Needed Per Group*
Waitlist	Large ($d=.8$)	26
Nonspecific/ TAU	Medium ($d=.5$)	64
Component/ Active	Small ($d=.2$)	393

*Estimates for 2-group, 2-tailed t-test, at .80 power, $p = .05$. Smaller sample sizes can be used for repeated measures, such as slopes as outcomes, e.g., Resick et al., 2015; Schnurr et al., 2007



PCT is effective relative to waitlist control

Between-groups effect size

Study	Avg. N	Interview	Questionnaire	% Women	% Veterans
Classen 2011 ^{a,b}	55	-	.44*	100%	0%
Ford 2011 ^c	49	.69*	-	100%	0%
McDonagh 2005	25	.89*	-	100%	0%

^aEffect size combined with trauma-focused therapy, which did not differ from present-center therapy. ^bGroup therapy. ^cSome participants did not have full PTSD.

* $p < .05$



...but is less effective than active treatment

Between-groups effect size

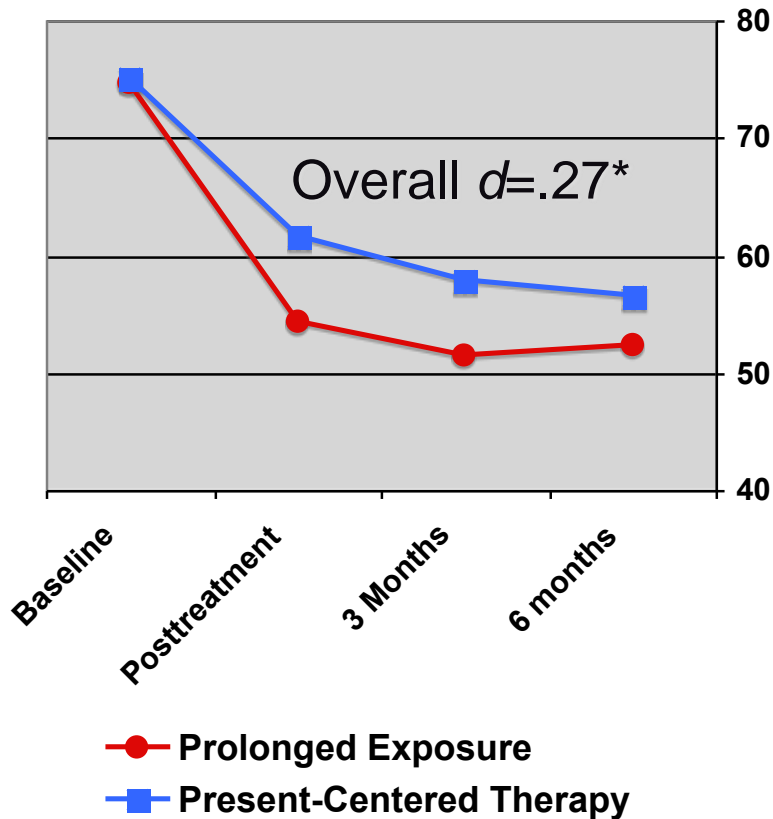
Study	Avg. N	Active tx	Interview	Questionnaire	% Women	% Veterans
Classen 2011 ^a	55	TFGT	-	.16	100%	0%
Ford 2011 ^b	49	TARGET	.05	-	100%	0%
Lang 2017 ^b	80	ACT	-	NR (ns)	20%	100%
McDonagh 2005	25	TF-CBT	.22	-	100%	0%
Polusney 2015 ^a	58	MBSR	.41*	.40*	16%	100%
Resick 2015 ^{a,c}	54	CPT-C	.21	.40*	7%	100%
Schnurr 2003 ^a	163	TFGT	NR(ns)	NR(ns)	0%	100%
Schnurr 2007	142	PE	.27*	.40*	100%	100%
Suris 2013	43	CPT	.49	.85*	85%	100%

^aGroup therapy. ^bSome participants did not have full PTSD. ^cActive duty. * $p < .05$.

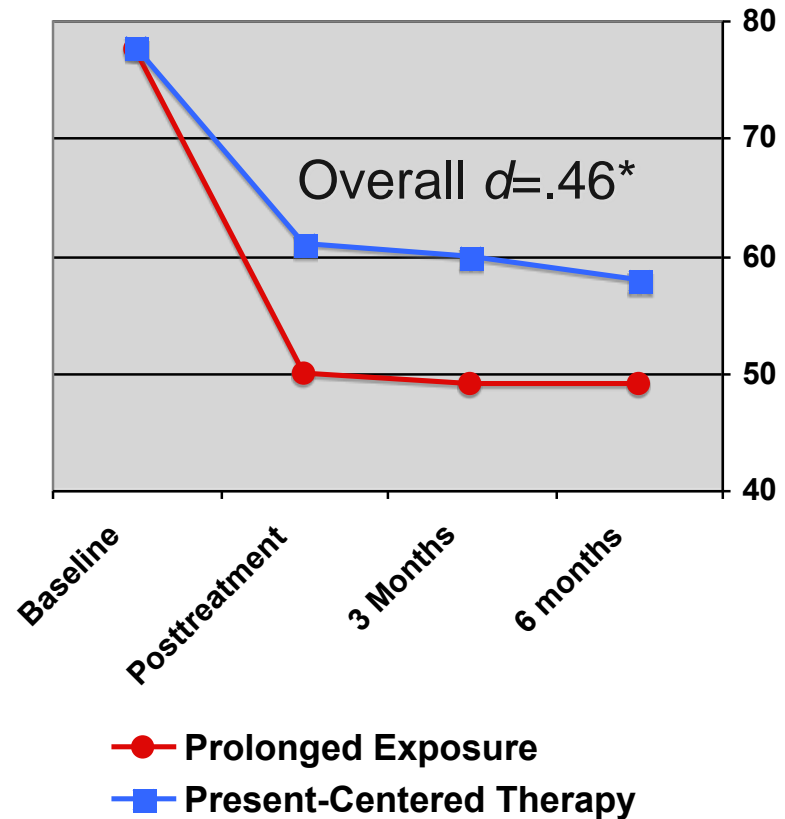


Example: Active treatment more effective than PCT

Intention to Treat Sample



Completer Sample

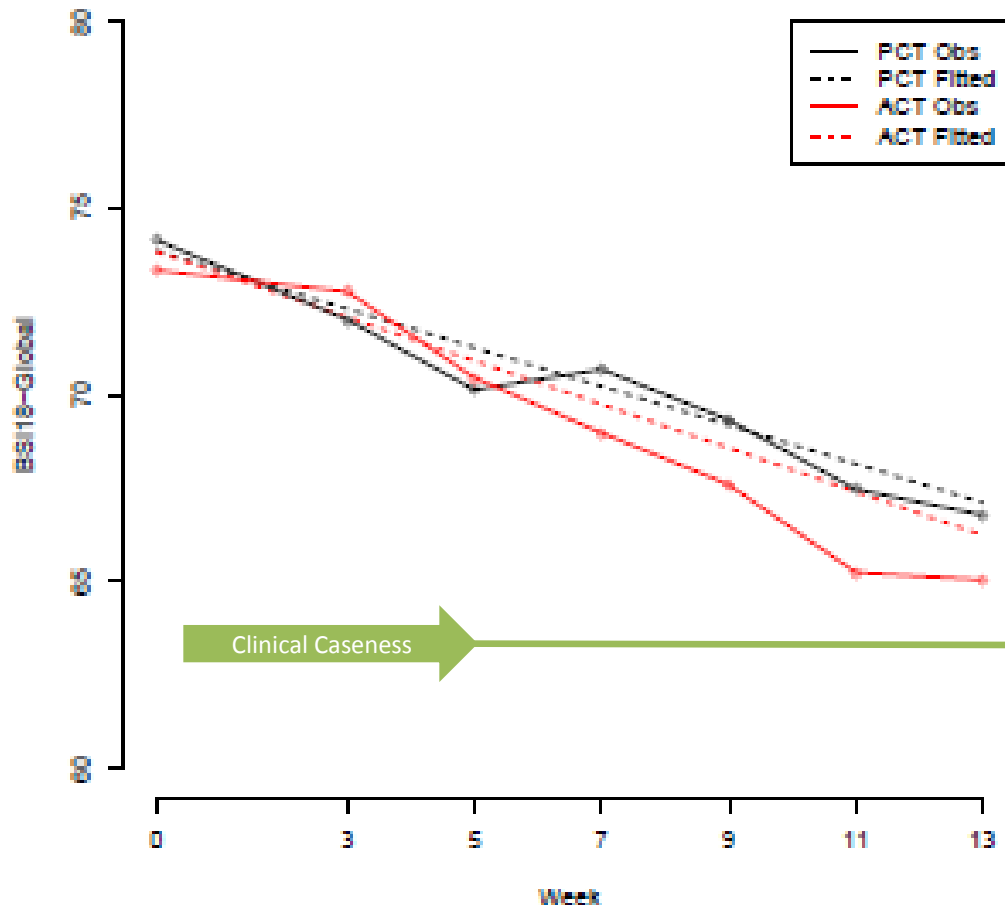


Note. Data are scores on the Clinician-Administered PTSD Scale; Schnurr et al. (2007) * $p < .05$.



Example: Active treatment did not differ from PCT

BSI18-Global: Observed vs Model Fitted



Randomized clinical trial with 160 male and female OEF/OIF Veterans (130 with full PTSD)

- Acceptance & Commitment Therapy
- Present-Centered Therapy

ACT was not more effective than PCT for post-deployment distress

- Statistically significant improvement in both groups ($d = .78$)
- Pre-post change lower in PTSD cases

–Lang et al., 2017



What the Evidence on PCT Tells Us

- PCT is well-tolerated
 - e.g., meta-analysis found that dropout was twice as high in trauma-focused treatment (36%) relative to PCT (22%), OR = 2.02 (Imel et al., 2013)
- PCT is effective...but not as effective as trauma-focused treatment
 - Although some studies have been underpowered, effects are relatively small, especially on clinician-interview measures
- PCT is an alternative when trauma-focused treatment is not preferred or available



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Overview: Components of PCT

- Psycho-education about PTSD
 - Increase understanding of how trauma and PTSD may be related to current experiences and problems
- Problem solving related to current life difficulties and stress identified by Veteran
- Emotional support and validation



Overview: PCT Manual

- Provides a framework for implementing PCT
- Provides basic content and structure of sessions
- Describes guidelines for supportive and problem-solving strategies
- The therapist has a lot of flexibility in choosing which interventions to use, depending upon each Veteran's needs



Session Content: Session 1

- Present overview of study and PCT
- History: Collect information relevant to the trauma using the Trauma Interview
- Answer questions and concerns
- Assign homework
 - Rationale for Present Centered Therapy Handout



Session 1: Description of PCT

- Describe PCT objectives and strategies
 - Provide education about PTSD and common reactions to trauma
 - Increase understanding of how PTSD symptoms are related to ongoing difficulties
 - Identify more clearly the areas that are causing problems
 - Problem-solve about other ways of dealing and coping with stressors and problems



Session 1: Description of PCT

- Describe focus of PCT
 - Day to day difficulties and problems
 - Negative emotions (e.g. depression, anger, anxiety)
 - Work-related stressors
 - Difficulties in interpersonal relationships



Session 1: Discussion of Trauma

- Provides an opportunity for Veteran to talk about his or her trauma
- *The focus of this treatment will not be on the trauma, but this is a time when we can discuss these experiences if you feel there is information you want to tell me directly or that was missing from the assessment process. Feel free to take a minute to think about this. There may or may not be anything else you want to add.*
- Followed by questions about legal involvement, history of suicidal ideation and attempts, prior treatments for trauma, history of hospitalizations for emotional problems, homicidal ideation, past violence, alcohol and drug use



Session Content: Session 2

- Provide psychoeducation about PTSD symptoms
- Discuss the rationale for PCT
- Discuss use of daily monitoring in diary
- Assign homework
 - Common Reactions to Trauma Handout
 - Assign Daily Diary



Session 2: Psycho-education

- Psycho-education presented in interactive style using Common Reactions to Trauma Handout
- Goal is to help Veteran gain insight into how some of his or her difficulties may be related to PTSD symptoms
- Veteran is encouraged to give examples of his or her own experience with PTSD symptoms



Session 2: Review Rationale for PCT

- PTSD symptoms impact day to day functioning, for example:
 - Difficulty managing stress
 - Feeling unable to solve problems
 - Strong emotions
 - Feeling alone, unable to accept connection or support
 - Feeling overwhelmed
 - Withdrawing from other people, or feeling angry or irritable with others
 - Losing interest in things you used to enjoy



Session 2: Review rationale for PCT

- PCT designed to focus on current life, to help:
 - Get a clearer picture and better understanding of problems and stressors
 - Increase confidence and ability to deal with problems
 - Feel more in control of your life again
 - Feel more connected to others
 - Experience less distress



Session 2: Introduce Monitoring with Diary

- Diary is used to help address current issues
- Instructions for completing diary
 - Each session will start by reviewing items you record throughout the week
 - You will select the problems or situations that you want to work on in the session
- Do a practice example—using issue presented by Veteran if possible



Sessions 3-9

- Review the daily diary
- Develop agenda for session based on the diary
- Conduct problem-solving focused on difficulties identified by Veteran
- Use supportive strategies as appropriate
- Assign Homework
 - Record problems, difficulties, stressors in the daily diary



Session 10

- Review progress on specific goals or other areas
- Interactive—solicit Veteran's perceptions of progress in addition to your observations
- Help Veteran identify areas where s/he may still want to work or practice what s/he has learned
- Praise efforts and accomplishments
- Discuss how it feels to end treatment



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Clinical Goals and Strategies of PCT

- Increase interpersonal connection
 - Provide emotional support
 - Establish positive therapeutic relationship
 - Encourage connection with others
- Increase mastery
 - Increase understanding of connection between PTSD and current feelings, problems
 - Increase ability and confidence in dealing with day to day problems



Supportive Interventions

- **Genuineness, warmth, empathy**
- **Active listening**
 - Listen without interruption
 - Look at patient attentively
 - Repeat, paraphrase, ask questions



Supportive Interventions

- Normalize and validate Veteran's pain and difficulties
- Convey sense of hope and optimism
 - Communicate confidence in strengths and abilities and potential for positive change
- Be generous with praise
 - Reinforce efforts, expression of emotions, insight, decisions



Supportive Interventions

- Encourage expression of feelings
 - “You look upset now. Can you tell me about it?”
- Increase awareness of emotional reactions to life situations
 - “how does it feel for you when....”



Therapist Interventions: Mastery

- Increase Veteran's understanding of his or her PTSD symptoms and how they affect current functioning
- Help Veteran set goals for treatment
- Use problem-solving to work toward goals throughout treatment
- Increase insight by helping the Veteran identify patterns or themes related to emotions or behavior



Use of Diary

- Diary used to provide focus for session
- Helps to identify current problems and concerns
- Helps to maintain focus on treatment goals
- Helps to identify patterns of behavior
- Helps to keep treatment focused on the present



Mastery: Problem Solving

- Goals
 - Increase insight into types of stressful life situations that exacerbate symptoms
 - Reduce negative impact of PTSD symptoms on ability to cope with problems
 - Increase ability to cope with current problems and stress
 - Reduce feelings of helplessness and frustration



Mastery: Problem Solving Guidelines

- Try to translate general complaints into more specific concrete problems that can be worked on
 - Ask about specific ways the problems manifest in Veteran's life
 - Try to clarify aspects of life, relationships, situations where it is or isn't a problem



Mastery: Problem Solving

- Ask Veteran to evaluate the possible outcomes for the problem/difficulty
 - What would you like to see happen?
 - What is the best/worst possible outcome?
- Help Veteran generate different possibilities for handling the problem
 - What do you think you could do to achieve the outcome you want?
 - What do you see as your options?
 - Draw from Veteran's past experience or strengths whenever possible



Mastery: Problem-Solving

- Encourage Veteran to expand perceived options
- Help him or her to generate new alternatives
- Evaluate options
 - Short and long term consequences
 - Likelihood of reaching goal
 - Ability to carry out solution



Mastery: Increasing Insight

- Help Veteran notice patterns of behavior
 - Relate to common reactions to PTSD symptoms if appropriate
 - Discuss the costs and benefits of the behavior
 - Determine how important it is to him or her to change this pattern of behavior
 - Problem solve about how s/he might modify or change behavior



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Proscribed Interventions: Cognitive

- Explain link between thoughts/beliefs and feelings or behavior
- Engage in labeling cognitive distortions
- Systematically challenge faulty beliefs
- Engage in identifying specific, underlying assumptions using inductive questioning
- Engage in evaluation of underlying assumptions using questions to generate rational responses



Proscribed Elements: Exposure

- Instruct or encourage Veteran to expose himself to feared situations
- Encourage Veteran to talk about his trauma in detail or initiate discussion of the trauma (except for session 1)
- Instruct or encourage Veteran to imagine, remember, or write about her trauma inside or outside the session



Other Proscribed Elements

- Provide instruction on breathing retraining
- Provide instruction on other relaxation techniques



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Veteran brings up trauma in session

- Managing trauma references
 - Never want to convey anxiety if trauma comes up, or to communicate even subtly that their trauma is not important
 - Don't shut down or interrupt abruptly
 - Gently redirect as soon as it is comfortable. e.g. "I can see your memories are painful—how are you feeling right now? What do you usually do when these memories come up? How do you think this impacts your day to day life?"



Other Issues

- What if Veteran introduces CBT concepts?
(learned from previous treatment)
 - Consider this Veteran-generated solution as one more possible option
 - don't encourage or discourage
 - Veteran encouraged to consider pros and cons of various options and decide



Summary

- PCT was designed to include elements of psychotherapy that are non-specific but important.
- We included the diary and problem-solving aspects to provide some structure and to help maintain the focus on the present.
- The positive effects are likely due to the important non-specific elements, but perhaps also to the increased focus that comes with time limited treatment



PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or PTSDconsult@va.gov



Please enter your
questions in the Q&A box
and be sure to include your
email address.

The lines are muted to avoid background noise.



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Employee Education System

VHA TRAIN

Welcome users of VHA TRAIN!

To obtain continuing education credit
please return to www.vha.train.org
after the lecture.

TRAIN help desk: VHATRAIN@va.gov



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CEU Process for users of VHA TRAIN (non-VA)

Registration—> Attendance —> Evaluation —> Certificate



*Register in
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*Listen to the
lecture.*



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TRAIN for
evaluation.*



*Follow the
directions to
print
certificate.*

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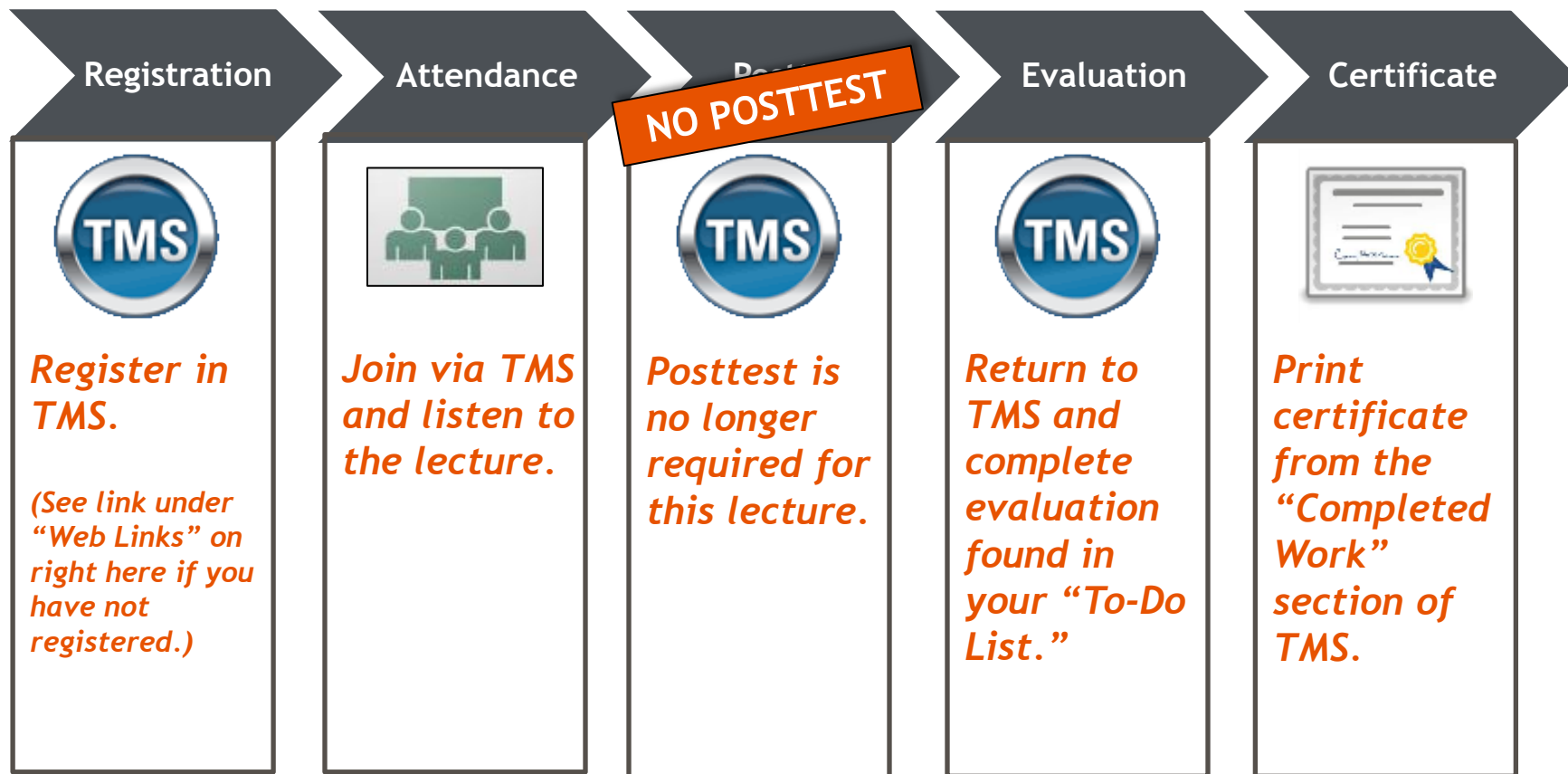


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CEU Process (for VA employees)





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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

January 17	Written Exposure Therapy for PTSD	Denise Sloan, PhD and Brian Marx, PhD
February 21	PTSD Treatment Via Telehealth	Leslie Morland, PhD
March 21	What We Know about PTSD and Opioids	Elizabeth Oliva, PhD & Jodie Trafton, PhD
April 18	Balancing Clinical Flexibility while Preserving Efficacy in Delivering EBPs for PTSD	Tara Galovski, PhD
May 16	Brief Prolonged Exposure for PTSD	Sheila Rauch, PhD
June 20	What the Latest Research Tells Us about Treating PTSD Nightmares	Philip Gehrman, PhD
July 18	The Continuum of Care for PTSD Treatment	Kelly Phipps Maieritsch, PhD
August 15	An Evidence-Informed Approach to Helping Clients after Disaster or Mass Violence: Skills for Psychological Recovery	Patricia Watson, PhD
September 19	PTSD and Women's Mental Health	Suzanne Pineles, PhD

For more information and to subscribe to announcements and reminders go to
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